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FORMS TO BE COMPLETED BY PRISONERS FILING A CIVIL RIGHTS  
COMPLAINT UNDER 42 U.S.C. § 1983 or 28 U.S.C. § 1331

**1:CV00-1675**  
**COVER SHEET**

9-21  
1

THIS COVER SHEET CONTAINS IMPORTANT INFORMATION ABOUT FILING A COMPLAINT AND YOUR OBLIGATIONS IF YOU DO FILE A COMPLAINT. READ AND COMPLETE THE COVER SHEET BEFORE YOU PROCEED FURTHER.

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The cost for filing a civil rights complaint is \$150.00.

If you do not have sufficient funds to pay the full filing fee of \$150.00 you need permission to proceed *in forma pauperis*. However, the court will assess and, when funds exist, immediately collect an initial partial filing fee of 20 percent of the greater of:

- 1) the average monthly deposits to your prison account for the past six months; or
- 2) the average monthly balance in your prison account for the past six months.

Thereafter, the institution in which you are incarcerated will be required to make monthly payments of 20% of the preceding month's deposits credited to your account until the entire filing fee is paid.

**CAUTION: YOUR OBLIGATION TO PAY THE FULL FILING FEE WILL CONTINUE REGARDLESS OF THE OUTCOME OF YOUR CASE, EVEN IF YOUR COMPLAINT IS DISMISSED BEFORE THE DEFENDANTS ARE SERVED.**

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1. You shall file a complaint by completing and signing the attached complaint form and mailing it to the Clerk of Court along with the full filing fee of \$150.00. (In the event attachments are needed to complete the allegations in the complaint, no more than three (3) pages of attachments will be allowed.) If you submit the full filing fee along with the complaint, you DO NOT have to complete the rest of the forms in this packet. Check here if you are submitting the filing fee with the complaint form.

2. If you cannot afford to pay the fee, you may file a complaint under 28 U.S.C. § 1915 without paying the full filing fee at this time by completing the following: (1) Complaint Form; (2) Application To Proceed In Forma Pauperis; and (3) Authorization Form. You must properly complete, sign and submit all three standard forms or your complaint may be returned to you by the Clerk of Court. Check here if you are filing your complaint under 28 U.S.C. § 1915 without full prepayment of fees.

**Please Note:** If your case is allowed to proceed and you are awarded compensatory damages against a correctional facility or an official or agent of a correctional facility, the damage award will first be used to satisfy any outstanding restitution orders pending. Before payment of any compensatory damages, reasonable attempts will be made to notify the victims of the crime for which you were convicted concerning payment of such damages. The restitution orders must be fully paid before any part of the award goes to you.

**DO NOT DETACH THE COVER SHEET FROM THE REST OF THE FORMS**

## FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIACB-3431

(Inmate Number) CB-3431

DONALD CORNELIUS GENTRY

(Name of Plaintiff) SCI-Smithfield

P.O. BOX 999, 1120 PINE ST

(Address of Plaintiff)

HUNTINGDON PA 16652

vs.

SUPERINTENDENT, JAMES MORGAN ET AL

SCI-Smithfield

P.O. BOX 999, 1120 PINE STHUNTINGDON PA 16652

(Names of Defendants)

CV 00-1675

(Case Number)

COMPLAINT

FILED  
SCRANTON

SEP 20 2000

PER 1  
DEPUTY CLERKTO BE FILED UNDER:  42 U.S.C. § 1983 - STATE OFFICIALS 28 U.S.C. § 1331 - FEDERAL OFFICIALS

## I. Previous Lawsuits

- A. If you have filed any other lawsuits in federal court while a prisoner please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:
- 
- 
- 
- 

## II. Exhaustion of Administrative Remedies

- A. Is there a grievance procedure available at your institution?  
 Yes  No

- B. Have you filed a grievance concerning the facts relating to this complaint?  
 Yes  No

If your answer is no, explain why not \_\_\_\_\_

- C. Is the grievance process completed?  Yes  No

### III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use Item B for the names, positions and places of employment of any additional defendants.)

- A. Defendant James MORGAN is employed  
as SUPERINTENDENT at STATE CORRECTIONAL INSTITUTION Smithfield  
Po. Box 999, 1120 Pike St HUNTINGDON PA. 16652
- B. Additional defendants George Weaver, MEDICAL SUPERVISOR  
(PHYSICIAN ASSISTANT, CRAIG HOFFMAN)  
(PHYSICIAN ASSISTANT, MELINDA BAKER) "DR RONALD LONG"  
"DR Salomon" "WEXFORD Health SOURCE"

### IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

1. DEFENDANT JAMES MORGAN VIOLATED MY 8TH AMENDMENT RIGHTS  
DEFENDANT, JAMES MORGAN IS THE SUPERINTENDENT OF SCI  
Smithfield whom is in charge of the over all operation of this  
institution and is responsible of the welfare and health of the  
inmates.  
Although I've written to him several times complaining about the  
lack of medical care I've received here at SCI he has refused  
to respond or take any actions to assure me proper health  
care or medical treatment. SEE ATTACHED STATEMENT TO SUPPORT MY  
CLAIMS. my letters and request to him was dated between May and  
September 2000.  
MY COMPLAINTS WAS SIMPLY IGNORED.
2. DEFENDENTS VIOLATED MY 8TH AMENDMENT  
DEFENDENTS GEORGE WEAVER AND WEXFORD Health SOURCE  
ARE IN CHARGE OF DAILY OPERATION OF THE MEDICAL DEPARTMENT  
HERE AT Smithfield AND TOTAL IGNORED MY COMPLAINTS OF LACK  
OF MEDICAL TREATMENT AND MY COMPLAINTS OF PAIN AND  
SUFFERING AFTER I COMPLAINED ABOUT MEDICAL NEGLIGENCE  
BAD AND POOR MEDICAL CARE BY THE INSTITUTIONAL DOCTORS AND  
NPs NAMED IN THIS COMPLAINT.
3. DEFENDENTS VIOLATED MY 8TH AMENDMENT RIGHTS TO MEDICAL  
(DR Long) (DR Salomon) PA MELINDA BAKER AND PA CRAIG HOFFMAN  
ARE ALL RESPONSIBLE OF THE INMATES HEALTH AND ITS THEIR JOB TO  
PROVIDE PROPER MEDICAL TREATMENT AND CARE TO THE INMATES HERE  
AT Smithfield. Although I've requested treatment several times  
I've been refused treatment and/or proper medical treatment  
SEE ATTACHED STATEMENT TO SUPPORT MY CLAIMS OF MEDICAL NEGLIGENCE  
"DELIBERATE INDIFFERENCE" CRUEL AND UNUSUAL PUNISHMENT  
AND MEDICAL MALPRACTICE.

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IN THE UNITED STATES DISTRICT COURTS OF  
THE MIDDLE DISTRICT OF PENNSYLVANIA

DONALD GENTRY

GATELINE NO. 1

SUPERINTENDENT JAMES MORGAN

GEORGE WEAVER MEDICAL SUPERVISOR

CRAG HOEFERMAN

MELINDA BAKER

DR RONALD LONG

DR Saloman

WAXFORD Health Source

STATEMENT OF MATTERS AND COMPLAINT <sup>GR CJA</sup>

ON OR ABOUT MAY 15 2000 I PURCHASED A BAR OF SOAP FROM THE INMATE INSTITUTIONAL COMMISSARY. THAT I USED TO WASH MY FACE A SHORT PERIOD LATER WHICH WAS APPROXIMATELY 45 MIN AFTER USE OF THE PRODUCT ON 5/26/00 I STARVED TO COMPLAIN TO medical EMPLOYEES AND STAFF HERE AT SCI Smithfield ABOUT THE PAIN FROM THE STINGING REDNESS RASH AND BURNS. LEET TO THE FACIAL AREA BUT SIMPLY RECEIVED NO MEDICAL CARE UNTIL SEVERAL WEEKS LATER WHEN I FINALLY SAW PA HOEFERMAN ON 6/22/00 WHEN INDICATED NO TREATMENT.

I THEN SAW PA HOEFERMAN AGAIN ON 6/30/00 NO EXAMINATION AND NO TREATMENT WAS INDICATED ON 7/6/00 I FILED A DC 804 INMATE GRIEVANCE COMPLAINT SEEKING HIGHER AUTHORITIES ASSISTANCE IN WHICH I ALLEGATED THAT I WAS BEING REFUSED PROPER MEDICAL TREATMENT. THE GRIEVANCE WAS PROCESSED AND I RECEIVED NO COPY WITH MY GRIEVANCE COMPLAINT NO. FINALLY ON 7/9/00 DR SALOMAN WITHOUT GIVING ME A EXAMINATION ORDERED ME A CREAM CALLED HYDROCORTISONE WHICH ONLY CAUSED MY FACE TO PEEL.

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TURN DARK AND STING WORSE. AFTER SEVERAL DAYS OF STRESS AND LACK OF SLEEP I ASKED TO SEE THE DOCTOR AND WAS REFUSED. AND THE MEDICAL SUPERVISOR MR. GEORGE WEAVER REFUSED TO ASSIST ME. ALTHOUGH I WROTE HIM SEVERAL COMPLAINTS THROUGH THE INMATE DC-135-A REQUEST SLIP AND COMPLAINT TO STAFF, WHEN I COMPLAINED TO HIM HE WROTE AND STATED "QUOTE" THREE<sup>OR 4</sup> WORDS SIGN UP FOR SICK CALL OR SEE SICK CALL. I THEN AGAIN SIGNED UP FOR SICK CALL AND SAW PA MCLINDA BAKER ON 7/25/00 WHOM TOLD MIC THAT SHE WAS NOT going TO TREAT MY PROBLEM. BECAUSE SITE COULD NOT SEE IT. SHE NEVER LOOKED AT MY FACE OR FEAT IT TO SEE IF THERE WAS A PROBLEM. SHE ONLY SPOKE WITH ME FOR APPROXIMATELY 30 SECONDS THROUGH A 6X11 HOLE IN THE DOOR IN THE R-H-U IN WHICH IS USED TO TAKE IN AND TAKE OUT MAIL AND FOOD TRAYS. AND TOLD ME THAT SHE COULD NOT SEE ANYTHING WHEN TRYED TO TALK TO HER ABOUT MY MEDICAL CONCERN'S SHE WALKED AWAY TALKING WITH ANOTHER STAFF PERSON ABOUT MY FACE. I COULD NOT MAKE OUT WHAT SHE SAID SO I WILL NOT ATTEMPT TO MAKE FALSE ALLEGATIONS.

APPROXIMATELY THREE WEEKS LATER AFTER SEVERAL MORE COMPLAINTS TO HIGH AUTHORITIES AND HE ALSO REFUSED ME TREATMENT AND OR PROPER TREATMENT WHEN HE CAME TO SEE ME HE ASKED ME WHY ARE YOU STILL COMPLAINING ABOUT YOUR FACE I THEN STATED TO EXPLAIN TO HIM THAT I WAS IN PAIN FROM THE STINGING OR MY FACE. HE CUT ME OFF IN MID SENTENCE AND SAID "QUOTE" THREE<sup>OR 4</sup> WORDS NOTHING WRONG WITH YOUR FACE AND WALKED AWAY FROM MY CELL.

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I'VE WRITTEN SEVERAL LETTERS AND REQUEST FORMS TO THE MEDICAL DEPARTMENT CONTACT COMPANY WHICH IS LISTED UNDER THE NAME OF WAYFORD HEALTH SOURCE, AND TO THE INSTITUTIONAL SUPERINTENDENT JAMES MORGAN BUT RECEIVED NO RESPONSE. THEY SIMPLY IGNORED MY COMPLAINTS. ON FRIDAY I SAW DR RONALD LONG AGAIN AND HE SIMPLY CAME TO MY CELL AND ASKED ME WHAT'S YOUR COMPLAINT THIS TIME. I BRUTALLY EXPIRED AND ~~HE~~ HE SAID THERE'S NOTHING WRONG WITH YOU AND WALKED AWAY. THE CORRECT DATE WAS SEPTEMBER 2000.

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LAWS TO SUPPORT LEGAL CLAIMS AGAINST DEFENDANTS. SUPERINTENDENT, JAMES MORGAN, MEDICAL SUPERVISOR GEORGE WEBER, PA CRAIG HUFFMAN, PA MELINDA BAILEY, DR RONALD LONG, DR SALOMON AND WAYFORD HEALTH SOURCE ALL VIOLATED MY 8TH AMENDMENT CONSTITUTIONAL RIGHTS BY IGNORING MY COMPLAINTS OF PAIN AND SUFFERING LACK OF MEDICAL CARE AND MEDICAL MAIPRACTICE. "AND" DELIBERATE INDIFFERENCE "AS WELL AS MEDICAL NEGLIGENCE A FEW CASES TO SUPPORT MY CLAIMS ARE GRIFFIN V MARICOPA COURT MARICOPA COUNTY SUPERIOR COURT CASE NO. CV-95-16461 AND TEDARO V. GARRABAY 443 F. SUPP. 956 (D.R.I. 1977) AFF'D 599 F. 2d 17 (1ST CIR 1979)

#### VERIFICATION

I, DONALD GENTRY, DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENT AND CLAIMS ARE TRUE AND CORRECT.

X Donald Gentry  
Donald GENTRY

## V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I REQUEST THE COURT TO GRANT ME A FAVERABLE JUDGEMENT IN THE AMOUNT OF \$5,000 COMPENSATORY DAMAGES AND \$5,000 PUNITIVE DAMAGES FOR PRIOR PAIN AND SUFFERING AND MENTAL STRESS, OR GRANT ME A TRAIL OR FAIR AMOUNT IN DAMAGES.
2. I REQUEST TO COURT TO ORDER PRISON OFFICIALS TO TAKE ME TO A SKIN SPECIALIST TO CHECK FOR FURTHER DAMAGES THAT I'M LIKELY TO SUFFER. IF THERE'S ANY I REQUEST A FAIR AMOUNT FOR THOSE DAMAGES AND TREATMENT WHILE I'M INCARCERATED
3. I REQUEST THAT THE COURT ORDER THAT PRISON OFFICIALS DO NOT THREATEN, HARRASS ME OR TAMPER WITH MY MAIL OR PUNISH ME BECAUSE OF THIS LAW SUIT I ALSO REQUEST THE COURT TO ORDER THE ADMINISTRATION ~~DO NOT~~ TO PLACE ME IN SINGLE CELL UNTIL THE OUT COME OF THIS LAW SUIT.

Signed this 14<sup>th</sup> day of September, 2000

x Donald Cornelius Hartig  
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

9/14/00  
(Date)

x Donald Cornelius Hartig  
(Signature of Plaintiff)

Exhibit A.

AUGUST 11-2000

SUPERINTENDENT, JAMES MORGAN  
STATE CORRECTIONAL INSTITUTION AT  
Smithfield  
PO. BOX 999, 1120 PIKE ST  
HUNTINGDON PA. 16652

DEAR MR. MORGAN

DURING THE MONTHS OF JUNE, JULY,  
AND AUGUST OF 2000 I PERSONAL SENT YOU CORRESPONDENCE  
IN THE FORM OF A DC-135A INMATE REQUEST FORM  
TO STAFF COMPLAINING ABOUT THE INSTITUTIONAL MEDICAL  
DEPARTMENT. DOCTORS, NURSES AND PA'S WHICH HAS  
CONTINUOUSLY REFUSED ME PROPER MEDICAL TREATMENT  
FOR THE INJURIES TO MY FACIAL AREA. WHICH HAS  
BEEN VERY IRRITATED AND PAINFUL DURING THE  
PAST THREE MONTHS. WHICH HAS CAUSED ME A  
GREAT DEAL OF STRESS DO TO THE FACT THAT  
I'M

CONTINUOUSLY WORRIED ABOUT THE FUTURE  
AND CURRENT EFFECTS THAT THESE INJURIES  
WILL CAUSE TO MY FACIAL SKIN. WHICH IS  
ALREADY DARK AND HAS A GREAT DEAL OF  
SHOTS IN AREAS OF MY FACE. DR LONG, PA  
BAKER, PA HOFFMAN AND DR SALOMON ALL  
CURRENT MEDICAL STAFF AT SCI-SMITHFIELD  
AND HAVE EACH REFUSED <sup>TO</sup> PROPER TREAT MY  
CURRENT ILLNESS

AND INJURIES, WHICH HAS ALREADY CAUSED SOME  
FACIAL SCARING AND A GREAT DEBT OF STRESS  
AND PAIN AND SUFFERING I've REQUESTED TO  
BE SEEN BY A SKIN SPECIALIST SEVERAL TIMES  
BUT WAS REFUSED BY DR. RONALD LONG PA  
CRAG HOFFMAN DR. SALOMON AND DR. MCLEODA  
BUKER. However DR. SALOMON GAVE ME CREAM  
TO BE APPLIED TO MY FACE FOR TWO WEEKS  
AFTER I FILED A GRIEVANCE ON 7/11/00 AGAINST  
THE

MEDICAL DEPARTMENT AND BEING PRICK REFUSED  
TREATMENT FOR SEVERAL WEEKS I LATER FOUND  
OUT 7/16/00 7/17/00 THAT ONLY WAS A COVER UP  
OR NOT TO COVER UP MEDICAL NEGLECTS AND  
I LATELY FOUND OUT THAT HE ACTUALLY GAVE  
ME

A MEDICATION THAT WOULD NOT HELP MY  
PROBLEM BUT ONLY MADE IT WORSE THIS IS  
NOT

DISBELIEF IN INDIFERRENCE, THEREFORE  
WOULD RESPECTFULLY LIKE TO REQUEST YOUR  
HELP AND ASSISTANCE IN TRYING TO RECEIVE  
THE PROPER MEDICAL TREATMENT HERE AT

SCC. SMITHFIELD BEING THAT YOU ARE THE  
ONE WHO IS IN CHARGE OF THE OVER  
PROVISIONS OF 7/11/00 GRIEVANCE

ARE IN NEED OF MORE INFORMATION FROM ME  
TO ACT ON THIS REQUEST PLEASE CONTACT ME  
IMMEDIATELY AND I WILL FORWARD TO YOU  
ANY INFORMATION THAT I HAVE THAT WILL BE  
HELPFUL TO YOU. I WANT TO THANK YOU ~~FOR~~  
AND YOUR STAFF FOR YOUR TIME AND ANY  
ASSISTANCE THAT YOU ARE ABLE TO GIVE ME  
IN RESOLVING THIS MATTER.

YOURS VERY TRULY  
Daniel Vitay

CC:

BC-804

PART 1

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598**

**OFFICIAL INMATE GRIEVANCE**

GRIEVANCE NO.

5m-251-00

TO: GRIEVANCE COORDINATOR <b>MRS. SHARON M. BURKS</b> FROM: (Commitment Name & Number) <b>MR. DONALD GENTRY CB-3431</b>	INSTITUTION <b>SCE - Smithfield</b> INMATE'S SIGNATURE <i>x Donald Gentry</i>	DATE <b>7/6/00</b>
WORK ASSIGNMENT <b>N/A</b>	QUARTERS ASSIGNMENT <b>J/A      Cell 2</b>	

**INSTRUCTIONS:**

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

MAM ON 6/26/00 I SENT YOU A COMPLAINT ADDRESSING MEDICAL PROBLEMS AND YOU REFERRED ME BACK TO LT. SIMPSON PLEASE BE ADVISED THAT I'VE SPOKEN WITH LT SIMPSON AND HE WAS UNABLE TO ASSIST ME. HE WAS ALSO CONFUSED AS TO WHY YOU WOULD REFER ME TO HIM TO RESOLVE MY PROBLEMS WITH MEDICAL. AND I HAVE ENCLOSED YOUR PRIOR RESPONSE IN MY FILES FOR THE COURTS. ONCE AGAIN I HAD REQUESTED MEDICAL CARE SEVERAL TIMES DURING THE MONTH OF JUNE FOR A RASH AND SKIN PEELING OF THE FACE AND WAS REFUSED TREATMENT BY DR CREG HOFFMAN, DR SOLOMON, AND DR MCKMILLING. NURSE Kelly Cobain EVEN TOLD DR SOLOMON TO COME SEE ME ON SUNDAY JUNE 18-2000. BECAUSE SHE MUST HAVE NOTICE THE CONDITIONS OF MY FACE ONCE I STARTED TO COMPLAIN TO HER DURING HER ROUNDS. DR SOLOMON CAME AT HER REQUEST AND TOLD ME HE SAW A RASH AND WOULD ORDER ME A CREAM. I NEVER RECEIVED THE CREAM AND WAS CHARGED FOUR TIMES TO SEE THE P.A. AND WAS REFUSED TREATMENT ALL FOR TIMES. THATS A VIOLATION OF THE D.O.C POLICY AS WELL AS A VIOLATION OF MY 3RD AND 14TH AMENDMENT RIGHTS TO MEDICAL TREATMENT. BEINGS THAT THIS PROBLEM WAS CAUSED BY A FACIAL SOAP THAT I RECEIVED FROM THE INSTITUTIONAL COMMISSARY CALLED NEUTROGENA. I REQUEST A REFUND TO MY ACCOUNT FOR THE SOAP. FOR MEDICAL FEES AND REQUEST ACTION AGAINST THE EMPLOYEES ABOVE. FOR MAKING ME SUFFER FROM STRESS AND FOR MAKING ME SUFFER FROM THE PAIN OF THE BURNS TO MY FACE FOR FOUR ~~THE~~ DAY WITHOUT TREATMENT.

## B. Actions taken and staff you have contacted before submitting this grievance:

I'VE FOLLOWED ALL OF THE PROCURES OF THE INMATE HAND BOOK UNDER THE DC-804 POLICY. I'VE ALSO SPOKEN TO LT. SIMPSON, DR SOLOMON, DR HUFFMAN, DR MCKMILLING. AND I'VE WRITTEN TO OTHER MEDICAL STAFF AND EMPLOYEES. NONE OF THE STAFF OR EMPLOYEES I'VE SPOKEN TO HAVE BEEN ABLE TO ASSIST ME. IN RESOLVING MY MEDICAL PROBLEM. THEREFORE YOUR ACTIONS ARE REQUESTED PRIOR THE D.O.C DC-804 POLICY

THANK YOU

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Grievance Coordinator

7/7/00

Date

DC-804

PART II

*(EXHIBIT B)*

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P. O. BOX 598  
CAMP HILL, PA 17001-0598

**OFFICIAL INMATE GRIEVANCE****INITIAL REVIEW RESPONSE****GRIEVANCE NO. SMI-251-00**

To: (Name and DOC No.)	Institution:	Quarters:	Grievance Date:
Donald Gentry CB-3431	Smithfield	J/A	7/6/00

**The following is a summary of my findings regarding your grievance:**

You state in your grievance that you requested medical care several times in June. You claim that you were seen on sick call and by the doctor. You claim that the doctor said he would order you cream, but you did not get it. Your grievance states that you were "refused" treatment, you claim violation of DOC policy, 8<sup>th</sup> and 14<sup>th</sup> amendment rights. You go on to say that soap which you purchased in the commissary caused your problem and you request a refund for the soap and the medical fees. You ask that action be taken against employees for stress and suffering.

**Disposition:**

I have reviewed your medical record. During the month of June, you were seen on sick call three times for complaints of a rash on your face. No treatment was indicated, however, you were not refused treatment. The examination was done, recommendations were made. This is the service you were charged for, in accordance with the DOC policy. Dr. Salomon saw you on 7/9/00, but your grievance was written on 7/6/00. Dr. Salomon did not order anything for you in the month of June.

This grievance has no merit.

GW:smm

Category: Medical

Cc: Superintendent Morgan  
Deputy Biviano  
Major Norris  
Captain Glenny  
DC-15  
File



Grievance Officer

7/14/00

D.7.19

Refer to DC-ADM 804, Section VIII  
for instructions on grievance  
system appeal procedures.

SIGNATURE OF GRIEVANCE OFFICER

*Donovan M. Bunkie*

Date:

7/19/00

IN THE SUPERINTENDENTS OFFICE

RECEIVED  
NO  
RESPONSE

TO: JAMES MORGAN, SUPERINTENDENT  
FR: DONALD GENTRY CB-3431 T/A 2  
DATE: 7-1-2000

SUBJECT: GRIEVANCE APPEAL

APPEAL FROM GRIEVANCE NO SMI-251-00

SIR ON 7/21/00 I RESPECTFULLY SENT YOU A DC-804 PART II GRIEVANCE APPEAL ALLEGING OF VIOLATIONS OF MY 8TH AMENDMENT RIGHTS TO PROPER MEDICAL CARE AND MEDICAL TREATMENT. BUT YOU HAVE SIMPLY REFUSED TO RESPONSE IN 5 WORKING DAYS PRIOR THE INSTITUTIONAL POLICY. HOWEVER I'M SENDING YOU THIS APPEAL IN HOPE THAT YOU WILL RESPOND. ON 7/21/00 I RECEIVED A INITIAL RESPONSE FROM THE INSTITUTIONAL GRIEVANCE OFFICER.

ON GRIEVANCE NO. SMI-251-00 STATING THAT MY GRIEVANCE HAD NO MERIT. AND ALTHOUGH I CONTINUE TO COMPLAIN ABOUT THE LACK OF MEDICAL TREATMENT - AND POOR MEDICAL CARE I'VE RECEIVED FOR MY FACIAL SKIN AND THE PAIN AND STRESS I'M CURRENTLY SUFFERING DO TO THE BURNING STINGING AND IRRITATED SKIN TO MY FACIAL AREA I HAVE NOT RECEIVED NO ACTIONS AND NO TREATMENT.

HAS BEEN INDICATED. I CONTINUE TO SUFFER AND HAVE ALL MY COMPLAINTS HAS BEEN

ANSWERED. THIS IS CALLED CRUEL AND UNUSUAL PUNISHMENT. IN THE INITIAL RESPONSE MR WEAVER THE MEDICAL SUPERVISOR CLAIM THAT I WAS NOT REFUSED TREATMENT. BY THE INSTITUTIONAL DOCTORS AND PA'S BUT THEN HE SAY THAT ALTHOUGH I SIGNED UP FOR SICK CALL AND SPOKE WITH THE PA ABOUT MY PROBLEM "NO TREATMENT WAS INDICATED" DURING THE MONTH OF MAY, AND JUNE 2000 I MADE SEVERAL COMPLAINTS

TO SEVERAL NURSES AND MEDICAL STAFF BUT RECEIVED NO TREATMENT UNTIL MID JULY 2000 AFTER I FILED A INMATE DC-804 COMPLAINT ON JULY 4, 2000. NO ONE STILL CAME TO SEE ME UNTIL NURSE Kelly Cobell TOOK IT UPON HERSELF AND SPOKE WITH DOCTOR SALOMON. THATS WHEN DOCTOR SALOMON

ORDERED THE CREAM WITHOUT PROPERLY GIVING ME A EXAMINATION. THE CREAM HE GAVE ME MADE MY SKIN TURN DARK AND STING WORSE. NO FURTHER TREATMENT HAS BEEN INDICATED AND ALL OF MY COMPLAINTS HAS SIMPLY BEEN IGNORED. THEREFORE I PRAY THAT YOU WILL NOT IGNORE THIS APPEAL AND ORDER YOUR MEDICAL STAFF TO PROPER TREAT ~~MEE~~ ME

YOURS TRULY

Donald Philip

(C) MY FILES

FINAL GRIEVANCE APPEAL

RECEIVED  
TO  
RESPONS

TO: MR ROBERT BITNER, PA DEPARTMENT OF CORRECTIONS  
FROM: DONALD GENTRY, CB-3431 SCI - Smithfield  
DATE: 2 AUGUST 2000  
SUBJECT: GRIEVANCE APPEAL

APPEAL FROM GRIEVANCE NO. SNII 251-00

MR BITNER my first appeal to you went without an answer please briefly review my allegations and make a favorable judgement. During the months of May, June, July and August of 2000 I've made several complaints to institutional medical staff and received no treatment for my illness and injuries. During those months I've suffered a great deal of pain and mental stress.

PLEASE REVIEW MY PRIOR APPEAL TO YOUR OFFICE AND MY APPEAL TO SUPERINTENDENT MORGAN AND MAKE WHAT EVER ARRANGEMENTS NECESSARY TO RESOLVE THIS MATTER.

YOURS TRULY

Donald Gentry  
Donald Gentry

CC: MY FILES

SUPERINTENDENT MORGAN